

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 40%;"> <div style="display: flex; justify-content: space-between;"> <div>SERIAL NO. 10/581093</div> <div>FILING DATE</div> </div> <div style="border-top: 1px solid black; padding-top: 2px;"> APPLICANT(S) </div> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						